

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/04/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155780	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED C 07/29/2016
NAME OF PROVIDER OR SUPPLIER MADISON HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 7465 MADISON AVE INDIANAPOLIS, IN 46227		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	<p>INITIAL COMMENTS</p> <p>An investigation of Complaint Number IN00204615 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Complaint Number IN00204615 Substantiated. No deficiencies related to the allegation were cited.</p> <p>Survey Date: 07/29/16</p> <p>Facility Number: 012225 Provider Number: 155780 AIM Number: 200983560</p> <p>Census: 75</p> <p>Madison Health Care Center was found in compliance with 42 CFR Subpart 483, Subpart B; 410 IAC 16.2; and National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), 2000 Edition, Chapter 19, Existing Health Care Occupancies in regard to the investigation of Complaint Number IN00204615.</p> <p>Quality Review completed on 08/03/16 - DA</p>	K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.